STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910926	R 11/06/2018
NAME OF PROVIDER OR SUPPLIER **VILLA ROSA I, INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **182 WEST 9 STREET** **HIALEAH, FL 33010**	

SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

0000 - Initial Comments

A Standard Biennial Revisit Survey was conducted on 11/6//18. Villa Rosa I, Inc. (License #5849) with Limited Mental Health and Limited Nursing Services component had deficiencies at the time of the survey:

0025 - Resident Care - Supervision - 429.26(7) FS; 58A-5.0182(1) FAC

Based on record review and interview, the facility failed to have written notes for two of six sampled residents who were transferred to the hospital after they (1 and 2).

Findings included:

Record review revealed the hospital admission log reflected Resident #1 was at the hospital for , in the left arm and left on . Record review revealed Resident #1 (admitted) had a health assessment (dated) with diagnosis of , , HLD and OA. Resident has universal precaution, needs supervision with ADLs and needs assistance with self-administration of medication.

Interview on at 8:35 am Staff I stated Resident #1 , and we sent her immediately to the hospital.

Interview on at 8:35 am Staff I revealed that the facility have no major incident. However, Staff I explained that Resident #2 went to the hospital because she fainted. One staff was presented and assisted Resident #2 to get to the floor with assistance, and staff prevented her to hit or got hurt.

Record review revealed Resident #2's progress notes did not reflect her , and the hospital admission log did not reflect that Resident #2 went to the hospital, per on . Record review revealed that Resident #2 (admitted) with a health assessment (dated) with a diagnosis as . Resident had precaution, needed supervision with ambulation and grooming.

Class III

0077 - Staffing Standards - Administrators - 429.176 FS; 58A-5.019(1) FAC

Based on record review and interview the facility failed to appoint in writing a manager for the facility.

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SUMMARY STATEMENT OF DEFICIENCIES
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Findings included:

Record review revealed Staff A was the Administrator of two facilities .

Interview on at 10:00 am Staff B acknowledged Staff A was the administrator of two facilities. In addition, Staff B stated, "The facility will corrected it properly, this time."

Uncorrected Class III

0152 - Physical Plant - Safe Living Environ/Other - 58A-5.023(3) FAC

Based on record review and interview the facility failed to provide a table or nightstand and a bedside lamp in resident rooms.

Findings included:

During tour of the facility on between 8:30 am to 9:20 am observed that the facility had 18 rooms, and only in # , # 6, #11 and #17 had one nightstand inside, and all these rooms had two beds.

Interview on at 11:00 am, Staff B stated that the facility ordered new nightstand, but they were in process of assembling them.

Uncorrected Class III